

57414

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 015-001596

SFUND RECORDS CTR
999000942

GENERATOR (Generator Must Complete)

2 Name Aluminum Company of America
Vernon Works
EPA NO. CAD074126681
Address 5151 Alcoa Ave. Phone No. 588-6141
City, State, Zip Vernon, CA. 90058

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name Operating Industries, Inc.
EPA NO. CAD080012024
Address 900 N. Potrero Grande Dr.
City, State, Zip Monterey Park, Ca.

4 Alternate TSD Facility

Name Chemical Waste Management Inc.
EPA NO. CAT060646177
Address P.O. Box 1104, 430 W. Elm Ave.
City, State, Zip Coalinga, Ca. 93210

5 U.S. DOT PROPER SHIPPING NAME U.S. DOT HAZARD CLASS UN/NA ID NO. WEIGHT OR VOLUME UNITS

WASTE

WASTE

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

6 WASTE CATEGORY #7 7 EX. HAZ. WASTE PERMIT NO. 8 GENERATING PROCESS Aluminum Fabrication

LIST COMPONENTS:

CONC.
UPPERRANGE
LOWER

UNITS

CONC.
UPPERRANGE
LOWER

UNITS

9 A. _____ ☐ % ☐ ppm. E. _____ ☐ % ☐ ppm.
B. _____ ☐ % ☐ ppm. F. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm. G. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm. Non Hazardous Material 100 %

10 WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other Aluminum Oxides & Water

12 SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 Ruby Rodriguez
Signature of Authorized Agent and Title

10-9-81
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

14 NAME ASBURY OIL CO.
EPA NO. CAD028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

15 PICK-UP DATE 10-9-81
TIME _____ ☐ AM ☐ PM

16 Jerry # 11
Signature of Authorized Agent and Title

10-9-81
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME OPERATING INDUSTRIES INC 18 QUANTITY (If Measured) 100 BBL
EPA NO. CAT080012024 19 STATE FEE (If Any) _____
PHONE NO. _____

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 NAME _____
EPA NO. _____

23 [Signature]
Signature of Authorized Agent and Title

10-9-81
Date Accepted

ORIGINAL